Health status of French people eligible to “CMU program”

Results of the French decennial national health survey

CMU Couverture Maladie Universelle
(Universal Healthcare Coverage)

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Reminder : the French Healthcare Coverage System: two stage system

<table>
<tr><th>For households living above the threshold</th><th>For households with income per UC below 580 €</th></tr>
<tr><td>1. Compulsory insurance (Social Security, covering families with -at least- one worker or past worker)
-Reimbursing an average 60% of the costs
-100% for 30 “severe” illnesses (Cancer, Diabetes, Depression, …)</td><td>1. Compulsory insurance (Social Security, covering families with -at least- one worker or past worker)
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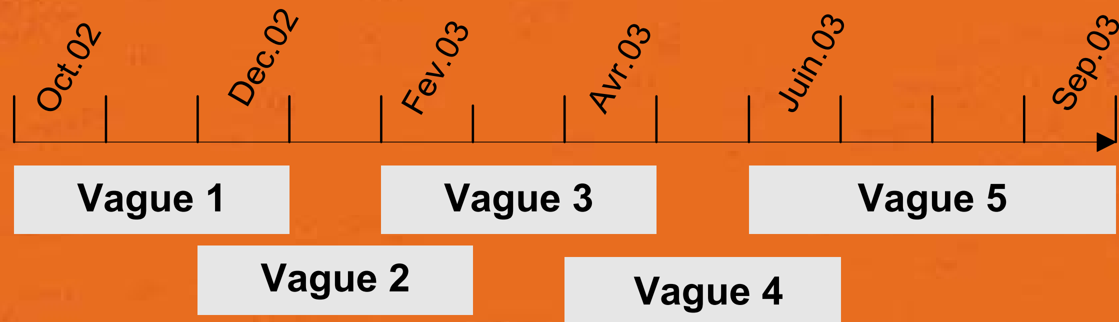
<tr><td colspan="2">1.b “basic CMU” for families with no rights opened by any prof. activity (1.5 million people</td></tr>
<tr><td>2. Complementary insurance (mutuelles or pure private sector)
-Sometime totally or partially paid by employers (50%)
-Reimbursing an average 12% of the costs (high percentages for dental and optical, more than 50%)</td><td>2. CMU-Complémentaire
(4.8 millions people)
-free of charge
-reimbursing at rate comparable with the private system
2.b Or, for certain people, Complementary insurance (when access to private contracts is free, because paid by employers, …)</td></tr>
</table>

The French decennial national health survey

- National survey, representative of the whole French population (quota methods)
- Three visits at home, five waves (vagues)



- 35 000 individuals in France
- Declaratives data: socioeco and health status data collection

An epidemiological approach

Few sources of data crossing information on level of deprivation and health status (disease oriented)

- Socioeconomic databases (fiscal or employment surveys) are poorly documented regarding health status
- Medical databases hardly give a clear position of the patient (and its household) regarding income levels or poverty thresholds
- Medico-economic databases, used by the social security and the private complementary insurances, only give healthcare consumptions (not health status, based on an epidemiological information);

(so consumption differences between patients could come either from health status or from consumption behavior differences)

An epidemiological approach

- The Decennial Health Survey allows a cross analyse of real epidemiological data (diseases) and incomes levels;
- We separate 35 000 individuals of the database into two groups:

- Eligible to CMU program (income by units of consumption < 580 euros / month)
- People above the threshold

Methods: data collection of reported diseases

- A spontaneous declaration for each person interviewed
- Homogenization of declarations by a physician => International Classification of Diseases (ICD – 10th revision)

- Problem: because the population of CMU recipients is different by sex and age, direct comparisons are fallacious

  => standardized figures

Prevalence rate (aggregate)			
Some chapters of the ICD – 10th revision	**Eligible to CMU**	**Above the threshold**	**Sign of variation - difference significant at 95%**
2. Neoplasm	2,38%	2,85%	=
4. Endocrine, nutritional and metabolic diseases	11,49%	12,79%	=
5. Mental and behavioural disorders	**7,27%**	**4,88%**	**>>**
6. Diseases of the nervous system	5,76%	6,46%	=
9. Diseases of the circulatory system	19,09%	18,57%	=
11. Diseases of the digestive system	**22,07%**	**17,61%**	**>>**
14. Diseases of the genitourinary system	5,47%	7,03%	<< (!?)
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	12,88%	11,78%	>>

Theses figures are “standardized” (all things equal relating to age and sex)

Number of diseases

Total reported diseases	
People eligible to CMU	
Number of acute diseases (average) :	0.90
Number of chronic diseases (average) :	**1.328**
Total	2.228
People in households living above the threshold	
Number of acute diseases (average) :	0.95
Number of chronic diseases (average) :	**1.265**
Total	2.215

- Prevalence of chronic diseases is greater in the CMU-population

Health care consumption

Number of visits (annualised)	
People eligible to CMU	
Number of visits to GPs (average) :	4.
Number of visits to specialists (average) :	1.2
Total	5.2
People in households living above the threshold	
Number of visits to GPs (average) :	3.6
Number of visits to specialists (average) :	2.
Total	5.6

- Visits to general practitioners, rather than specialists

Econometric analyse –Tobit Regression–

Factors explaining the number of visit (total, net of age effect)	
	Number of visit (in two months)
Each additional disease	0.53
Gender : female	0.36
Without complementary insurance contract	-0.47

•For those who have not a complementary insurance (such as the CMU/CMUC system), renunciation to doctors visits are equivalent in scale with one disease

Conclusion

- Discussion: declared diseases could be different from “existing disease”, and biases are systematic (poor people reporting less, because of lack of diagnosis, lack of contact with the healthcare system)
- In France, in 2003, though three years of CMU application, health differences remain noticeable:
  - mental health
  - chronic diseases